SmartPA Criteria Proposal

Drug/Drug Class:	Antivirals – Herpes Oral PDL Edit
First Implementation Date:	May 23, 2007
Revised Date:	July 9, 2020
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Herpes simplex virus infections are the most common cause of genital ulceration in the United States, affecting at least 45 million people. There are two types of herpes simplex virus, HSV-1 and HSV-2. HSV-1 usually establishes latency in the trigeminal ganglion and produces lesions on the lip or face. HSV-2 resides in the sacral ganglion at the base of the spine and produces lesions and/or viral shedding in the genital area. HSV infections are chronic, life-long infections. Management of genital herpes includes counseling and methods to reduce transmission such as use of condoms, avoidance of sexual activity during infection recurrences, and suppressive antiviral therapy. Antivirals do not eradicate the infections, but rather partially control the signs and symptoms associated with the disease. These drugs are used for treatment of initial and recurrent episodes and as daily suppressive therapy to reduce the frequency of episodes.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Acyclovir Caps/Susp/Tabs • Valacyclovir	• Famciclovir • Valtrex® • Zovirax® Caps/Susp/Tabs

Type of Criteria: ☐ **Increased risk of ADE** ☒ **Preferred Drug List** ☐ **Appropriate Indications** ☐ **Clinical Edit**

Data Sources: ☐ **Only Administrative Databases** ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Antivirals – Herpes Oral
- Age range: All appropriate MO HealthNet participants

Approval Criteria

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- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
    - Documented trial period for preferred agents
    - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: “Herpes Antivirals, Oral - Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; February 2020.
2. Evidence-Based Medicine Analysis: “Herpes Antiviral Agents”, UMKC-DIC; November 2019.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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